

**(LOCAL GOVERNMENT AND EDUCATION EMPLOYEES  
ENROLLED IN THE SHBP DENTAL PLANS)  
STATE HEALTH BENEFITS PROGRAM  
COBRA DENTAL BENEFITS CONTINUATION SCHEDULE  
RATES EFFECTIVE 1/1/05 - 12/31/05**

Attached are the monthly COBRA dental premium rates for continued coverage under the State Health Benefits Program (SHBP) effective January 1, 2005 to December 31, 2005.

1. On the COBRA Application, check the box associated with the Dental Plan and Contract Type elected. **If you are electing a Dental Plan Organization (DPO), you must indicate a Primary Dental Facility or dentist.**
2. You can elect dental plan coverage **only if** your employer participates in the SHBP Dental Plans and you were enrolled for dental coverage while an active employee. Note: if your employer offered a separate dental plan, your COBRA eligibility under the SHBP does not include dental coverage.

Forward your completed COBRA application without premiums to:

**Division of Pensions & Benefits  
COBRA Section  
PO Box 299  
Trenton, NJ 08625-0299**

Once your COBRA application has been processed, the SHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

**State of New Jersey  
State Health Benefits Program  
Newark Post Office  
PO Box 19519  
Newark, NJ 07195-0519**

To contact the SHBP regarding COBRA, please write, or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524. You may also reach us by e-mail at: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)

**COBRA DENTAL RATES**

**DEPARTMENT OF THE TREASURY-DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
LOCAL MONTHLY ACTIVE GROUP  
LOCAL GOVERNMENT AND EDUCATION EMPLOYERS  
RATES EFFECTIVE 1/1/2005 TO 12/31/2005**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b><u>DENTAL EXPENSE PLAN - #399</u></b>	
SINGLE	\$40.73
Member & Spouse/Domestic Partner	\$70.78
FAMILY	\$115.83
PARENT & CHILD	\$85.80
<b><u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u></b>	
<b>HEALTHPLEX (DPO #307)</b>	
<b>FORTIS (DPO #308)</b>	
<b>FLAGSHIP HEALTH SYSTEMS, INC. (DPO #312)</b>	
<b>HORIZON DENTAL CHOICE (DPO #317)</b>	
SINGLE	\$20.09
Member & Spouse/Domestic Partner	\$34.91
FAMILY	\$57.13
PARENT & CHILD	\$42.31
<b>BENECARE (DPO #301)</b>	
SINGLE	\$23.65
Member & Spouse/Domestic Partner	\$41.09
FAMILY	\$67.24
PARENT & CHILD	\$49.81
<b>COMMUNITY DENTAL (DPO #302)</b>	
SINGLE	\$22.57
Member & Spouse/Domestic Partner	\$39.23
FAMILY	\$64.18
PARENT & CHILD	\$47.54
<b>CIGNA (DPO #305)</b>	
SINGLE	\$20.58
Member & Spouse/Domestic Partner	\$35.79
FAMILY	\$58.54
PARENT & CHILD	\$43.39
<b>GROUP DENTAL HEALTH ADMINISTRATORS (DPO #306)</b>	
SINGLE	\$20.48
Member & Spouse/Domestic Partner	\$35.57
FAMILY	\$58.22
PARENT & CHILD	\$43.13
<b>DENTAL GROUP OF NEW JERSEY, INC. (DPO#314)</b>	
SINGLE	\$18.77
Member & Spouse/Domestic Partner	\$32.66
FAMILY	\$53.40
PARENT & CHILD	\$39.57
<b>AETNA DMO (DPO #319)</b>	
SINGLE	\$19.49
Member & Spouse/Domestic Partner	\$33.90
FAMILY	\$55.45
PARENT & CHILD	\$41.09